

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		3		3		
11		3		3		
12		2		2		
13		3		3		
14	1		1			
15		1		1		
16		1		1		
17		2		2		
18	1		1			
19		1		1		
20		2		2		
21		2		2		
22		2		2		
23		2		2		
24		2		2		
25		2		2		
26		2		2		
27		2		2		
28		2		2		
29		2		2		
30		1		1		
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	32		45			
TOTAL CLAIMS	35		48			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
52												
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												